

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 20 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
29341

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 200A
 City Springfield St. Baptist Hospital St. Ward)
 2. FULL NAME Infant daughter of Mr. & Mrs. Geo. Woomer
 (a) Residence, No. 439 S. 7th St., Ward.
 (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 4 hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo
 MOTHER 13. NAME Geo. Woomer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo
 15. MAIDEN NAME Loana Givora
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo
 17. INFORMANT Geo. Woomer
 (ADDRESS) 439 S. 7th
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Green Lawn DATE 9-12 1933
 19. UNDERTAKER Allyce Johnson
 (ADDRESS) 524 St. Louis
 20. FILED 9-12 1933 Ralph Womack
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1933
 22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1933; to Sept 11 1933
 I last saw her alive on Sept 11 1933 Death is said to have occurred on the date stated above, at 11:20 P.M.
 The principal cause of death and related causes of importance were as follows:
Prematurity Date of onset 9-11-33
159 (1 lb 12 g)
 Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no.
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Eloyd Cartwright M. D.
 (Address) 214 No. Jefferson

